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CONFIRMATION NO. 4285

SERIAL NUMBER 10/685,011	FILING DATE 10/14/2003 RULE	CLASS 623	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. KLYCD-05010US1
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APPLICANTS

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** CONTINUING DATA ***** *OK AR*
 This appln claims benefit of 60/422,022 10/29/2002

** FOREIGN APPLICATIONS ***** *None AR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/21/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	CA	DRAWING 10	CLAIMS 86	CLAIMS 7
Verified and Acknowledged	<i>Steve Mitchell</i> Examiner's Signature	<i>AK</i> Initials			

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TITLE

Artificial vertebral disk replacement implant with a spacer and method

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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